



Attachment A - Bivens Complaint form

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Franklin Tuck McVay

08563-087

(Enter above the full name of the plaintiff
or plaintiffs in this action)

(Inmate Reg. # of each Plaintiff)

v.

CIVIL ACTION NO. 1:19-cv-00521
(Number to be assigned by Court)

Dr. William Goode

FCI-McDowell - Medical Dept.

Federal Bureau of Prisons

Mid-Atlantic Regional Office

(Enter above the full name of the defendant
or defendants in this action)

Defendant(s).

COMPLAINT

I. Parties

A. Name of Plaintiff:

Franklin Tuck McVay

Inmate No.:

08563-087

Address:

Victorville (USP)

P.O. Box 3900, Adelanto, CA 92301

- B. Additional Plaintiff(s) (provide the same information for each plaintiff as listed in Item A above).

Name of Plaintiff: _____

Inmate No.: _____

Address: _____

Name of Plaintiff: _____

Inmate No.: _____

Address: _____

- C. Name of Defendant: William Goode
Position: Medical Physician (Doctor)
Place of Employment: Federal Correctional Institution-
McDowell-Medical Department

- D. Additional Defendant(s) (provide the same information for each defendant as listed in Item C above):

Name of Defendant: Federal Bureau of Prisons

Position: Director

Place of Employment: Federal Bureau of Prisons

Name of Defendant: Mid-Atlantic Regional Office

Position: Regional Director

Place of Employment: Mid-Atlantic Regional Office

II. Place of Present Confinement

Name of Prison/Institution: (USP) Victorville

A. Is this where the events concerning your complaint took place?

Yes _____ No ☒

If you answered "no," where did the events occur? _____

Federal Correctional Institutional - McDowell - Medical Department

B. Is there a prisoner grievance procedure in this institution?

Yes ☒ No _____

C. Did you ~~present~~ the facts relating to your complaint in the prisoner grievance procedure? Yes ☒ No _____

If you answered "no," explain why not: _____

If you answered "yes," what was the result at level one, level two and level three (attach grievances and responses): They were Rejected And Closed

I AM Being "Denied" Access to Documentation By (F.B.O.P.) And Now Adversely Affected by Prison Staff

III. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonments?

Yes _____ No ☒

B. If your answer to A is "yes," describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to the previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: McVay Franklin T 08563-087 SHU FCC-Beaumont
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

June 2017, I, Franklin Tuck McVay, was "sexually Assaulted," by (medical Physician) Mr. William Goode, while housed at FCI-McDowell. Due to my release in July 2017, I have NOT been Notified or made aware of All Administrative Remedy Result(s). (BP-8, BP-9, BP-10) along with Filed P.R.E.A. Findings. Legal Actions and Criminal Charges will be Filed in this matter against (medical Physician) Mr. William Goode, FCI-McDowell/Medical Dept.) in conjunction with the Federal Bureau of Prisons. These Results of my correct Efforts to Notify Proper Authorities, are needed to comply with Federal Court Rules (Form A Pauperis). As it is my "LEGAL RIGHT" to Refuse "straight catheter" use. For
02-28-2019 Drug Testing. For Franklin T McVay
 DATE SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

GENERAL COUNSEL

FIRST COPY: WASHINGTON FILE COPY

CASE NUMBER: 97769-R1

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

USP LVN

BP-231(13)
APRIL 1982

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____
7. Approximate date of disposition: _____

IV. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets of paper if necessary.)

(Doctor) William Goode, Physically, reached in my underwear with, REFUSED and UNCONSENTED Permission, by myself, he Pulled out my, Genital Appendage - (PENIS), while Forcefully inserting a "Straight Catheter" For a REFUSED and Unconsented Drug - illegal Narcotic - Test on - 6-16th - 2017 while I was, Fully, Conscious! Handcuffed, Shackled and restrained to medical Stretcher After my Seizure That I Suffer From, I was Then Sent to the Hole on 6-16th - 2017 for a falsified Incident Report And Found Guilty way Before my Drug Test Came back From an Outside Laboratory OF

(Attachment)

(Continued- Statement of Claim IV.)

(Laboratory Corporation of America) to "Prove my innocence For 6-16-2017 (which were Negative).

I then immediately Filed a PREA-(Prison Rape Elimination Act.) against (Doctor) William Goode For the Sexual Misconduct OF my Person, Along with a, institutional- Grievance. to the "Previous" warden, a Regional- Grievance, ETC. All OF which were Rejected and Closed. without Consideration For my Constitutional Rights. (End OF Statement OF Claim IV.)

V. Relief

State briefly and exactly what you want the Court to do for you. Make no legal arguments.
Cite no cases or statutes.

Finacial Compensation - "Amount to be Determined"
A Court Order - Subpoena For (All) Filed Grievances
From FCI-McDowell and Mid-Atlantic Regional Office
From June-July of 2017, Medical Records For June 16th-2017
And Drug Test Results For June 16th-2017 From FCI-McDowell
along with Incident Report And Findings (6-16-2017 - 6-23rd-2017)

Signed this 8th day of JULY, 2019.

Franklin T. McVay

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7-8th-2019
(Date)

Franklin T. McVay
Signature of Plaintiff